to the same access under Medicare as the rest of the citizens in North Dakota and across the country. North Dakotans and all Medicare beneficiaries should have better access to qualified health care providers, and physical therapists can be instrumental in this role.

Finally, I think it is important to recognize that this bill will raise the standard, domestically and internationally in effect, for qualified physical therapists. The new standard endorsed by the American Physical Therapy Association requires a master's or doctoral degree, which I believe will serve to improve patient care across the country.

Through better access to highly qualified health care professionals, we ensure enhanced care and services for all Americans. Mr. Speaker, I ask for my colleagues' consideration and support for this important legislation to provide direct access to physical therapists under Medicare.

## TRIBUTE TO THE CHILDREN OF GOOD SHEPHERD LUTHERAN SCHOOL

### HON. JOHN SHIMKUS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, November 28, 2001*

Mr. SHIMKUS. Mr. Speaker, I rise to pay tribute to the children of Good Shepherd Lutheran school in my home town of Collinsville, IL, and their heartwarming actions in the wake of the September tragedy.

Roughly 2 months ago I received a package of letters from the students at Good Shepherd. In the aftermath of the terrorist attacks, the children were scared and confused; but the teachers calmed them, and asked those who wished, to put their thoughts on paper. The result was truly inspiring—over seventy cards, hand drawn by the children with pictures of crosses and flags and hearts. Inside them were notes of support and caring, as the children put their faith in God, America, and Congress to make things right in the world. As one young girl wrote, ''We will pray to Jesus that Congress makes the right decisions. God bless America.''

Mr. Speaker, some of these cards I shared with the Members from New York; the others I placed on the wall in my office. There they serve as a powerful reminder to me, not only of the faith that some people place in us as Representatives, but also of exactly for whom we are fighting this war. It is my sincere hope that when these children grow up and look back on this time, they will feel their faith in us was justified. It is my hope that we will have left them a better world.

Mr. Speaker, the students and the faculty of Good Shepherd School deserve our thanks—not only for their cards, which have touched my heart and the hearts of other Congressmen and women, but also for their great spirit as Americans. Their faith in God and Country is admirable; their faith in us as a legislative body is humbling. May God bless them, and may God bless our country.

## ANTHRAX ISN'T THAT RISKY

### HON. JOHN J. LaFALCE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, November 28, 2001*

Mr. LAFALCE. Mr. Speaker, I would like to share with my colleagues the following article, which appeared in the Wall Street Journal on October 22, 2001. The article underscores the importance of putting into perspective the relatively small risk to average Americans posed by the threat of anthrax and bioterrorism, and the need for Americans to continue to go about their daily lives as before.

[From the Wall Street Journal, Oct. 22, 2001]

CHILL OUT: ANTHRAX ISN'T THAT RISKY

(By Ezekiel J. Emanuel)

My brother's business partner, a well-educated Hollywood agent, called to say that he just purchased $1,900 worth of Cipro to protect his wife and two kids. Knowing there was a threat of anthrax out there, he couldn't sleep comfortably without Cipro at home.

The fear of anthrax, and the public response to it, has so far reflected bad math, bad medicine and bad public health. We cannot continue to let confusion determine how we act. It may hurt us badly.

First, the bad math. Anthrax is out there. Letters containing spores are a real threat. But the question is: How big a threat? So far one person has died of inhaled anthrax, and several others have cutaneous anthrax—from which they will probably recover uneventfully with treatment. Several hundred more people have been exposed, but far fewer than 100 have tested positive for having anthrax without being infected. For the family of Robert Stevens, who died in Florida, it is a terrible tragedy. But for the rest of us, anthrax is not a public-health menace that should drive us to do crazy things.

The risk of dying of anthrax needs to be put into perspective. One death among 280 million Americans is a miniscule risk. It is less than the risk of dying from driving just one mile. To put it another way, 280 people would have to die of anthrax to equal the risk of driving 50 miles in a car (about one in a million). How many Americans refuse to drive because of the risk of dying in a car accident?

More important, the risk is hardly random. There may be call for people working on Capitol Hill or at the White House or federal agencies or major news organizations to be concerned. But for average Americans the chance of an anthrax-filled letter is less than one in a billion, substantially less than the risk of being struck by lightening (about one in 600,000 in a year).

There are many reasons we react more strongly to the risks of anthrax than to the risks of driving. We are used to driving; we are habituated to the risks. We take precautions—we buckle up, we don't drink and drive. But anthrax is new, unexpected, outside our routine, and therefore scary.

Also, it is not the single death from anthrax that really worries us but the unknown possibility of a full-scale bioterror attack. But here we need to rationally consider the risk of a large attack and the likely harm it will cause. It takes a great deal of sophistication to generate the right-sized spores and, even more challenging, the right way of aerosolizing them over a large area. Spiked letters are not terribly effective at spreading anthrax to thousands, let alone millions, of people. During the Cold War, it took the U.S. and the Soviet Union decades to work out the details of biological warfare with anthrax. Is it likely a terrorist group could do the same in a few weeks or even years?

Also, anthrax does not kill instantly. It takes several days. With the nation on high alert to the threat, any large-scale dissemination would be detected and people in the exposed area would be monitored and treated. The risks of dying of anthrax are simply not very high.

Stocking up on Cipro is bad medicine. First, children should not take Cipro; it can damage the development of their joints. Second, while relatively safe, Cipro, like all drugs, has side effects, some of which can be serious. Besides minor annoyances of nausea, diarrhea and rashes, Cipro can cause the inflammation and rupture of tendons. Prolonged use—like the 60 days of treatment necessary for prophylaxis against anthrax—can cause superinfections with very serious and even life-threatening bacteria. It also can have serious, potentially fatal, interactions with other drugs, such as the asthma drug theophylline.

And spending $1,900 on Cipro for anthrax is foolish. There are many other drugs that are just as effective against anthrax, safer for children and considerably cheaper, including penicillin, erthyromycin and doxycycline.

Cipro is a prescription drug. It should be used when there is a medical indication for its use, making the benefits of specific treatment favorable compared to the risks of the drug. Physicians should not dispense it as a way of calming worry. Real facts, not the prescription pad, are the right treatment for the insomnia of my brother's partner and his wife.

Bad medicine produces bad public health. The dispensing of antibiotics for colds, sore throats, the flu and other minor viral infections has created a serious problem; many bacteria are becoming resistant. We have been able to stay ahead by developing new antibiotics, but we are losing the race. The bacteria are able to mutate to outsmart our drugs faster than our pharmaceutical companies can develop, test and market and market new antibiotics. The result is a danger to us all. The next infection we get may be harder—or, God forbid, impossible—to treat because the bacteria no longer respond.

Millions of Americans self-medicating with Cipro is a real threat to public health. In the years since it has been on the market, bacteria have become resistant to Cipro. Widespread use serves no medical purpose, but only increases the chances of other bacteria—more threatening than anthrax—becoming resistant. We would end up protecting ourselves against the miniscule risk of anthrax, only to make ourselves more vulnerable to more common everyday bacteria. Not a good bargain.

My advice to my brother's partner: Take the Cipro to the pharmacy and get your money back. Keep driving your car and be sure you buckle up every time. Stop asking for antibiotics for every cold. And keep alert, contacting your local health department, hospital or physician if there is a credible threat.